

Life



with diabetes

Juvenile Diabetes Research Foundation International

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A Mom's Challenge: Learning to Read Labels without Assigning Them

Stefany Shaheen's oldest daughter, Elle, was diagnosed with type 1 diabetes two years ago at the age of eight. To help cope with the challenges of parenting a child with diabetes, Stefany blogs at www.goodmeasures.com/blog. When she isn't busy writing to keep herself awake for blood sugar checks, Stefany spends her days working as a social entrepreneur. She and her husband, Craig Welch, enjoy living in Portsmouth, N.H. with their four children: Elle, Annah, Caraline, and William.

I grew up with two sisters. My mother is also one of three girls, and my father has three sisters and no brothers. My husband and I have three daughters and one son of our own. To borrow a phrase from Annie, the classic childhood musical, you could say that I am "dripping with little girls." Perhaps it is the influence of all these women and girls in my life, or maybe it was my senior thesis on the prevalence of eating disorders among female athletes in college, or the first-hand evidence I observed as a collegiate athlete, but somewhere along the line, I developed a particular sensitivity to body image and food issues. Parenting a child with type 1 diabetes has only heightened my need to reinforce healthy messages about food for my children – especially my daughters.

Diabetes undeniably and inevitably complicates your relationship with food. Having to count more than five grams of carbohydrates in everything you consume requires an unnatural fixation on every single food choice you make, every single day. Diabetes prompts questions like: Am I hungry right now, or is it time to eat because of the amount of insulin in my body? Should I eat frozen yogurt or ice cream? Do I need to count the carrots in my salad? Is it okay to eat the birthday cake at my friend's party or cupcakes at the celebration in my class at school? Are these "good" foods or "bad" foods?

Diabetes came into my life and my family two years ago. In the time since, I have watched my daughter, Elle, wrestle with the complexities of her own relationship to food. I have witnessed

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Ask a Parent

Overnight Rise in Blood Sugar

Q: I have an 11-year-old son with type 1 diabetes whose blood sugar tends to increase overnight. My husband and I feel nervous about even going to sleep because we're so worried about him. What do you recommend?

A: I have a 29-year-old daughter who was diagnosed with type 1 diabetes when she was just 15 months old. I can't give medical advice, but I can provide some information that might help you.

There are many factors that affect blood sugar – and very few we actually have total control over. We can control things like insulin doses, diet, and exercise, but there are so many other factors – like stress, illness, growth, and medications – that we cannot. Also, when kids reach your son's age, they often begin to require more insulin as puberty starts. If that's the case with your son, it may help to check his blood sugar a few times during the night.

Your son's overnight or very early morning blood sugar spikes could indicate any number of different things, and you should speak with his physician to determine which of them might be the cause. Two of the things that are known to cause overnight

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Life with diabetes

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Juvenile Diabetes Research Foundation | Survey

Thank You From JDRF!

Earlier this month, JDRF sent you a survey on *Life With Diabetes*. If you have not yet completed the survey, there is still time. Just visit www.jdrf.org/lifewithdiabetessurvey.

Thank you again for taking the time to complete the survey. Your feedback makes a real difference, and we at JDRF greatly appreciate your participation!

Ask a Parent

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high blood sugar are the “Somogyi effect” (which occurs when the body overcompensates for low blood sugar experienced the previous night and is often due to a hypoglycemic episode) and the “Dawn phenomenon” (in which blood sugar trends upward in the morning, but is not a result of an insulin reaction).

Again, all your concerns should be discussed with your son’s physician, since he or she is the only one who can tell you for sure.

For additional support, I also recommend the [Children with Diabetes](#) website (particularly their [Family Support Network](#)), and [JDRF Kids Online](#).

Best wishes to you and your family.

Ask a Peer

Blood Sugar Fluctuations and “Diabetes Burnout”

Q: My partner has experienced much difficulty with blood sugar control for the last several months. She often suffers from very rapid and extreme lows. Her endocrinologist and certified diabetes educator (CDE) don’t seem too concerned because her A1C’s have been okay, and we haven’t had to use the glucagon emergency kit in a while.

I’m very worried because she doesn’t seem to know when she’s low anymore and often requires assistance. Even more worrisome is that she seems to have given up. Lately, she’s taking less insulin or skipping it altogether just to avoid going low. She’s losing weight, looks awful, and doesn’t want to talk about it anymore. I don’t know how to help her. Any suggestions?

A: I’m 28, and I’ve had type 1 diabetes for almost 18 years. I can’t give specific medical advice, but hopefully I can help in other ways.

It’s clear that you want your partner to feel better. Your ability to influence her diabetes control is, of course, limited. But her health certainly affects you.

It sounds like the first issue is that her healthcare team is not totally responsive to her concerns. It’s important that your partner find a CDE she trusts, because her medical issues could become

even more serious. In addition to the symptoms you mentioned, the blood glucose fluctuations your partner is experiencing could lead to dangerous incidents in public or even while she’s driving (a seizure, passing out, an accident, or worse). I would suggest that your partner consider talking to another CDE, even if she needs to stay with the same endocrinologist for insurance or another reason. There’s a “find an educator” tool on [www.diabeteseducator.org](#) that might be useful.

There’s also a chance that your partner could benefit from a “makeover” of her diabetes care regimen. It seems that the insulins and doses she takes are not working well for her. She should discuss a new plan with a doctor or CDE she trusts.

It sounds like she’s becoming disillusioned, even depressed. It’s not uncommon for people with diabetes to feel occasional “diabetes burnout,” but depression and giving up could be dangerous for her health. If she is more willing to talk about how she feels about diabetes and herself with a professional at this point, it’s important to support her in getting counseling.

Because your partner is special to you, her pain and suffering is yours, too. Sometimes those of us with diabetes can feel like diabetes is so much “our” problem that we don’t realize how it affects other people in our lives. Some people use the term “type 3” diabetes to describe what people go through if they love a person with diabetes (check out [www.tudiabetes.org/group/typeiiidiabetes](#)).

Lastly, a few other places to look for information and advice include:

[Juvenation](#), JDRF’s social network for people with type 1 diabetes and their loved ones; [TuDiabetes](#), an independent diabetes network; [Children with Diabetes](#) (an online community that’s not just for kids); and [Better is Better](#), a digital manifesto on pump therapy.

Hang in there!



If you have a question for JDRF’s Online Diabetes Support Team, go to [www.jdrf.org/diabetessupport](#).

The Tween Scene: Safely Shifting Diabetes Care to Your Tween

Beverly S. Adler, Ph.D., CDE

Dr. Beverly S. Adler is a licensed clinical psychologist and Certified Diabetes Educator who specializes in the treatment of people with diabetes. Known as “Dr. Bev” to her patients, she herself has had type 1 diabetes for 35 years. For further information, you can visit her website at www.AskDrBev.com.

If you're the parent of a “tween” with type 1 (a child between the ages of nine and 12), you already know that these can be fun – but tough – years. At this stage, in addition to the daily challenge that type 1 presents, your child faces a whole new world of issues: the transition from elementary to middle school, increasing amounts of homework, the approach of puberty, and new responsibilities. Tweens are also under tremendous pressure to fit in socially and are very focused on their relationships with friends and peers. For tweens with type 1 diabetes, of course, there's also the task of integrating their diabetes management into their evolving lifestyles.

Like all other parents of tweens, you too face the new challenge of figuring out how to balance your involvement in your tween's care with the need to foster his or her independence. As the parent of a tween with type 1, you have a special task: safely shifting diabetes care to your tween and teaching him or her how to make healthy choices for a lifetime. It's not easy, and it doesn't happen overnight. But the good news is that tweens still thrive on parental approval – meaning you still have a lot of influence on your child's behavior during this complicated life stage.

As you consider shifting more responsibility to your tween, it's important to recognize that you really have to stay involved with your child's diabetes management, since tweens are not emotionally ready to manage all their own diabetes self-care. Your job is to encourage your tween to gradually and progressively become involved in self-care based on his or her maturity, skills, readiness, and interests. Let the transition be a process that happens step by step – and at your tween's request.

I think it's useful to keep in mind three key principles when shifting diabetes responsibilities to your tween:

- First, keep the lines of communication open. In order to be effective, communication should be frequent, honest, direct, two-way, and respectful. Together, you should arrive at a mutual understanding about who is responsible for which aspect of diabetes management. Be aware that as a parent, you might express caring and concern for your tween in ways that he or she interprets as overly anxious and negative. Try to avoid nagging, and don't react to blood glucose numbers by instilling guilt. Remember: if your tween's blood glucose check reveals a number outside of the target range, those results are numbers – not a reflection on your tween's character. You should describe the result as “high,” “low,” or “normal” – not as “good” or “bad.” Think through causes, patterns, and solutions together – and abandon perfection as a goal. Recognize that tweens do not yet have the cognitive ability to fully grasp the consequences of poor diabetes care – that type of understanding doesn't develop until later. What tweens do understand are rewards for responsible behavior. As a parent, you should be the first to applaud your tween when he or she is being responsible. Parents empower their tweens when they point out what they are doing well. But keep in mind that since diabetes can't be managed perfectly, you should reward your tween's effort, not necessarily the outcome itself.
- Second, make sure to shift responsibility gradually. When your tween is mature enough to begin taking over some diabetes management, use “baby steps,” so that he or she will not feel overwhelmed. Each small success will help give your tween the confidence necessary to eventually assume total responsibility for self-care. If you push too hard toward autonomy in self-care too soon, your tween may face an increased risk of diabetes “burn-out,” resulting in problems with treatment adherence and poor diabetes control. Your tween will have his or her own learning curve for managing diabetes. Most tweens with diabetes can begin to identify and choose healthy foods on their own, do some monitoring of their blood glucose, and give themselves injections with adult supervision. Aim to be consistent, yet flexible. You may sometimes need to take a few steps back when the burden of diabetes management becomes

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Learning to Read Labels Without Assigning Them

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her struggle to understand what certain foods will do to her body. I have caught her sneaking “bad” food. I have helped her through many hyperglycemic episodes induced by too much of the “wrong” food without enough insulin.

I am not a nutritionist and frankly, I have never been a “good” eater. I have a gigantic sweet tooth and consistently have pregnancy-like cravings for French fries. (Keep in mind, I have not been pregnant for nearly four years.) As Elle’s mom, however, I now know more than I ever wanted to know about nutrition.

Ask me about the glycemic index of particular foods or the latest artificial sweetener or how to substitute buckwheat flour for white flour, and I can tell you all about it. Of course, I understand how the food pyramid works and appreciate that some foods are better for you than others. It is clear to me that no one – with or without diabetes – should be helping themselves to five candy bars a day.

Ultimately, however, the hyperfocus on categorizing food began to take its toll. I worried about what it would mean for Elle to live her life with these “loaded” labels as she grows up. So in our home, we have decided to let the nutrition label speak for itself. We are done with “right” and “wrong” foods. No more “good” and “bad” food labels.

Changing the language we use and the judgments we make regarding food has not been easy. I still catch myself feeling anxious and using a different tone of voice when Elle explains that she has chosen a banana over an apple or a bag of pretzels and a granola bar over some almonds and yogurt. We both know all too well that not only are some foods just better for you, but also some foods work better with insulin than others. The truth of the matter is that some foods spike blood sugars and others do not.

What Elle and I have discovered together is that the ramifications of living with labels can be as dangerous and devastating as eating too much “junk” food. Coveting the “bad” food and constantly restricting certain foods only makes them more desirable.

Obsessing over and applying labels made us both feel crazy. I was anxious anytime Elle wanted to eat anything on the “not-so-good” list. Sensing my concern, Elle started finding ways to eat the foods on that list without my knowledge and consequently, without enough insulin. We have decided that this is not a healthy

way to live, and we are learning how to redirect this energy. These days, we are spending more time making the choices we are fortunate enough to have in our refrigerator.

I’ve now decided to focus on inspiring – not demanding – healthy choices, while recognizing that every morsel may not be nutritious. And that’s okay. As you can imagine, though, old habits are hard to break – adjusting the way we communicate about food has not been easy, and I’ve done a far-from-perfect job so far. Fortunately, Elle and I are learning to navigate this unfamiliar road together by enjoying our food choices, not labeling them.

Safely Shifting Diabetes Care to Your Tween

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too much, especially when other stresses – such as illness, studying, peer pressures, or depression – take priority.

- Third, find balance and perspective. Teach your tween the importance of good self-care skills, but stress the fact that diabetes management should not be all-consuming. Diabetes should never define your tween. Emphasize to your tween that he or she is a person who just happens to have diabetes, and make it clear that diabetes is just one aspect of his or her life. This helps your tween to grow up with an identity that is separate from diabetes.

As your tween begins to demonstrate the maturity required to take over his or her own diabetes care and to accept more of the responsibility, you will need to be ready to relinquish control. From that point on, your primary role becomes one of providing encouragement and support to your tween.

Good luck!

Did You Know?

You can support vital diabetes research by donating your used car to JDRF. For more information, call 800-578-0408 or visit our website at www.jdrf.org/donate/vehicle.